## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

2135JB,044769

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                   |                       |                      |                  | SMALL E             | OTHER THAN OR SMALL ENTITY |         |                     |                        |  |
|--|--|---|-------------------|-----------------------|----------------------|------------------|---------------------|----------------------------|---------|---------------------|------------------------|--|
| ТО   | TAL CLAIMS                                   |   | 13                |                       | COOlui               |                  | RATE                | FEE                        |         | RATE                | FEE                    |  |
| FOR  |  |   |                   |                       | NII IMADI            | ED EVTBA         | BASIC FEE           | { <del></del>              |         | BASIC FEE           | 740.00                 |  |
|  |  |   | NUMBER FILED      |                       | NUMBE                | ER EXTRA         | BASICTEE            | 370.00                     | OR      |                     | 740.00                 |  |
| ТО   | TAL CHARGEA                                  | BLE CLAIMS                                      | 12 minus 20= * /  |                       |                      | 7                | X\$ 9=              |                            | OR      | X\$18=              |                        |  |
|  | EPENDENT CL                                  |   | 2 minus 3 = (* 6) |                       |                      | 5                | X42=                |                            | OR      | X84=                |                        |  |
| MU   | LTIPLE DEPEN                                 | DENT CLAIM PF                                   | RESENT            |                       |                      |                  | +140=               |                            | OR      | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in col  |  |   |                   |                       |                      | olumn 2          | TOTAL               | 310                        | OR      | TOTAL               |                        |  |
|  | CLAIMS AS AMENDED - PART II                  |   |                   |                       |                      |                  |                     | OTHER THAN                 |         |                     |                        |  |
|  | (Column 1) (Column 2) (Column Claims HIGHEST |   |                   |                       |                      |                  | SMALL               |                            | OR      | SMALL               |                        |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT                 |                   | NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE     |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NDW  | Total  | *   | Minus             | **                    |                      | =                | X\$ 9=              |                            | OR      | X\$18=              |                        |  |
| AME  | Independent                                  | *<br>NTATION OF MU                              | Minus             | ***                   | F.C.L AJAA           | =                | X42=                |                            | OR      | X84=                |                        |  |
|  | FIRST PRESE                                  | NIATION OF MIC                                  | JLIIPLE DEF       | ENDEN                 | CLAIM                |                  | +140=               |                            | OR      | +280=               |                        |  |
|  |  |   |                   |                       |                      | •                | TOTAL<br>ADDIT. FEE |                            | OR      | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | AUUII. FEE                                      |                   | <u> </u>              | ADDI1. 1 LE          |                  |                     |                            |         |                     |                        |  |
| ENT B  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                   | 1                     | HEST                 | PRESENT EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE     |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | *   | Minus             | **                    |                      | =                | X\$ 9=              |                            | OR      | X\$18=              |                        |  |
| AME.   | Independent                                  | *   | Minus             | ***                   |                      | =                | X42=                |                            | OR      | X84=                |                        |  |
|  | FIRST PRESE                                  | +140=   |                   |                       | +280=                |                  |                     |                            |         |                     |                        |  |
|  |  |   |                   |                       |                      |                  | TOTAL               | <u> </u>                   | OR      | TOTAL               |                        |  |
|  |  |   |                   |                       |                      |                  | ADDIT. FEE          | L                          | OR      | ADDIT. FEE          |                        |  |
|  | <del>)</del>                                 | (Column 1)                                      |                   |                       | mn 2)<br>HEST        | (Column 3)       |                     |                            | a .     |                     | <del></del>            |  |
| ENTC   |  | REMAINING<br>AFTER<br>AMENDMENT                 |                   | NUM<br>PREVI          | MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE     |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Se Se  | Total  | *   | Minus             | ĦĦ                    |                      | =                | X\$ 9=              |                            | OR      | X\$18=              |                        |  |
| AMENDMENT  | Ind pendent                                  | *   | Minus             | ***                   |                      | =                | X42=                |                            | OR      | X84=                |                        |  |
|  | FIRST PRESE                                  | NTATION OF M                                    | ULTIPLE DE        | PENDEN                | T CLAIM              |                  |                     |                            |         | .000                |                        |  |
|  | If the entry in col-                         | ımn 1 je loce than t                            | he entry in col   | ımn 2 writ            | te "0" in co         | lumn 3.          | +140=               | <u></u>                    | OR      | +280=               | <u> </u>               |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                   |                       |                      |                  |                     |                            |         |                     |                        |  |
|  | The "Highest Nu                              | mber Previously Pa                              | aid For" (Total o | r Indepen             | dent) is the         | e highest numbe  | r found in the ap   | propriate bo               | x in co | olumn 1.            |                        |  |